RCSI Procurement Group 

Extension of Existing Supplier Contract

**Supplier Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Product/Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Existing Contract Annual Value (incl VAT): €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Existing Contract Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Extension to Contract in months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional/ (Reduction) in Cost for period of proposed extension: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Within Approved Budget Y /N, if No Additional budget sought €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date for New tender process will be completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Details:** *please outline key reasons why extension and not New Tender* **:** |
| **Interim arrangements:** *please note any changes to existing contract :* |

|  |
| --- |
| ***Risk:*** *please outline risks to RCSI of not extending current contract:* |

***We, the undersigned confirm that there is no conflict of interest in our involvement with this supplier and recommend extension of contract as outlined above.***

**Panel**

Name Title Signature

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person recommended to sign on behalf of RCSI** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Finance Approval Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For SMT Approval Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_